Updates from the Review Committee for Pediatrics

Susie Buchter, MD, Chair
Caroline Fischer, MBA, Executive Director

2021 ACGME Annual Educational Conference
VIRTUAL EXPERIENCE
#ACGME2021
Conflict of Interest Disclosure

Speaker(s):
Susie Buchter, MD, Chair
Caroline Fischer, MBA, Executive Director

Disclosure to the Learner:
None of the above speakers or planners have any conflicts of interest to report.
Review Committee Composition

• Four appointing organizations
  • American Academy of Pediatrics, American Board of Pediatrics, American Osteopathic Association, American Medical Association

• 15 voting members

• Six-year terms | except resident (two years)

• Generalists, subspecialists, one public member

• One ex-officio (non-voting) member from each nominating organization
Geographic Distribution of the Review Committee


Departing members [6/30/2021]: CA, FL, GA, MO, and NY

Incoming members [7/1/2021]: AL, NY (2), and WA

#ACGME2021
Review Committee Composition

- Dona S. Buchter, MD (Chair)
- Stephanie B. Dewar, MD
- Shawna Seagraves Duncan, DO
- Lynn Garfunkel, MD
- Rani Gereige, MD, MPH, FAAP (Vice Chair)
- Bruce Herman, MD
- Jason Homme, MD
- Jennifer Kesselheim, MD
- Su-Ting Li, MD, MPH
- Richard B. Mink, MD, MACM
- Michelle Montalvo Macias, MD

- Adam Rosenberg, MD
- Nefertari Terrill-Jones, MD, (Resident)
- Judith S. Shaw, EdD, MPH, RN, FAAP (Public Member)
- Linda Waggoner-Fountain, MD, MAMEd, FAAP

Effective July 1, 2021:
- Gabriel M. Daniels, MD (Resident)
- Heather A. McPhillips, MD, MPH
- Ivelisse Verrico, MD, FACP, FAAP

#ACGME2021
## 2020-2021 Status Decisions

<table>
<thead>
<tr>
<th>Status</th>
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Citations vs. Areas for Improvement (AFIs)

- Core programs: 115 citations, 158 AFIs
- Med-Peds: 7 citations, 3 AFIs
- All subspecialty programs: 178 citations, 303 AFIs
2019-2020 Frequent Citations
Pediatrics Programs

• Learning and working environment
  • 80 hours

• Faculty qualifications
  • Lack of board certification or acceptable alternate qualifications
2019-2020 Frequent Citations
Pediatric Subspecialty Programs

• Faculty qualifications
• Evaluations
  • Timely feedback, Program Evaluation Committee (PEC) composition
• Board pass rate
2019-2020 Frequent AFIs

Pediatrics Programs

• Educational content
  • Appropriate balance for education
  • Education compromised by service
  • Opportunities for scholarly activity

• Resources
  • Process to deal with problems/concerns
  • Ability to raise issues/concerns without fear
  • Way to transition when fatigued

• Evaluations
  • Timely feedback
  • Accurate/complete information
  • Procedural experience
2019-2020 Frequent AFIs
*Pediatric Subspecialty Programs*

- Evaluations
  - Timely feedback
- Inaccurate/incomplete information
- Faculty supervision and teaching

- Resources
  - Ability to raise concerns without fear
  - Process to deal with problems/concerns

- Educational content
  - Appropriate balance for education
  - Education compromised by service
Incomplete/Inaccurate Data

- Faculty Roster | Current certification information
  - Participating in MOC/CC
  - Re-certified should not be used
- CVs | Current licensure, scholarly activities from last five years
- Medical centers with multiple campuses should have each campus listed as a participating site in the Accreditation Data System (ADS)
- Block Diagram | Follow instructions in ADS, provide key for abbreviations, do not include individual schedules
Programs Impacted by COVID-19

- The Review Committee appreciates the efforts of the pediatrics community during this pandemic
- The primary concern is for the safety and wellness of patients and residents/fellows
- The Review Committee understands that disruptions in inpatient, outpatient, and procedural experiences may occur
- The Review Committee will consider the context of these disruptions when reviewing programs
• Program/institutional leadership should carefully monitor the extent of disruptions to the standard curriculum and exercise all options necessary to minimize the disruptions

• Where there are deficiencies in education and training, the program should assess each resident's competence to ensure that each resident has sufficient experience to enter autonomous practice

• There must be strict adherence to work hour limitations and supervision requirements
Major Changes and Other Updates

• Programs may address improvements and/or innovations implemented to address AFIs in the ‘Major Changes and Other Updates’ section of ADS
  • Written response to AFIs not required, but encouraged
• Describe the impact of the COVID-19 pandemic on your program
Program Requirements
Focused Revisions

• Pediatrics
  • Reviewed by the ACGME Board in February 2021

• Pediatric critical care medicine
  • Reviewed by the ACGME Board in February 2021

• Internal medicine-pediatrics
  • Review by the ACGME Board in June 2021

• Pediatric hospital medicine
  • To be posted for Review and Comment
Pediatrics Program Requirements *Focused Revision*

- Program director must participate in either pediatrics or subspecialty Maintenance of Certification (MOC)
- Minimum number of core faculty members or core faculty/resident ratio
- Minimize rotational transitions, provide adequate length of educational experiences to allow for both assessment and supervisory continuity
- Mental health
Internal Medicine-Pediatrics Program Requirements

• Minimum number of core faculty members or core faculty/resident ratio
• Minimize rotational transitions, provide adequate length of educational experiences to allow for both assessment and supervisory continuity
Pediatric Critical Care Medicine Program Requirements

- Clarify the required minimum time spent in the pediatric intensive care unit (PICU)
- Clarify experiences that count toward the non-ICU experiences
Pediatric Hospital Medicine

- Clarify the expectations of the community site experience
- Clarify the expectations of the individualized curriculum
- Post draft for review and comment in late fall/early winter
Resident/Fellow and Faculty Surveys 2020-2021

• One reporting window for all programs
• Survey window open from February 1 to April 1
• Participation is mandatory
• Required response rate is 70%
The specialty-specific survey questions for pediatrics programs have been modified for next year, including:

- Removal of several questions
  - Administer immunizations, neonatal endotracheal intubation, peripheral intravenous catheter placement, umbilical catheter placement, and bladder catheterization
  - Longitudinal outpatient experiences and patient care skills
- Rephrasing questions and utilizing response scales consistent with the ACGME Resident/Fellow and Faculty Survey
Changes to ADS

• In 2019, as a result of new Common Program Requirements, new items were added to ADS.
  • We received much feedback that the update was burdensome.
• In 2020, we made some big changes to make data entry better.

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<th>2020-2021 Question Count</th>
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• This year, there were fewer items overall and fewer narratives, and the narratives that remain will be auto-populated with the response from the last academic year.
List the program director, associate program director(s), site director(s), minimum required number of core physician faculty members, including at least one physician faculty member as follows:

- Developmental-behavioral pediatrics subspecialist
- Adolescent medicine subspecialist
- Neonatal-perinatal medicine subspecialist
- Pediatric critical care medicine subspecialist
- Pediatric emergency medicine subspecialist
- Subspecialist in each subspecialty area available to fulfill the seven months of required subspecialty experiences

Additional faculty (e.g., research mentors) may be added at the discretion of the program director.

No more than 50 faculty should be listed.

Faculty may be designated as core faculty at the discretion of the program director. Only core faculty will participate on the Faculty Survey. Faculty scholarly activity will be reported for all faculty irrespective of core or non-core designation.

Download Faculty CV Template
Faculty Roster Instructions | Pediatrics Fellowships

List the program director, associate program director(s), site director(s), research mentors, and minimum required number of core physician faculty members. Additional faculty may be added at the discretion of the program director.

No more than 30 faculty should be listed.

Faculty may be designated as core faculty at the discretion of the program director.

All faculty listed on the Faculty Roster will participate on the Faculty Survey. Faculty scholarly activity will be reported for all faculty irrespective of core or non-core designation.

Download Faculty CV Template
The implications associated with faculty members on ADS roster:

**All Programs** | Scholarship data will need to be submitted for all faculty members listed

**Residency** | Those identified as “core” faculty members will be sent the Faculty Survey

**Subspecialty** | Everyone listed will be sent the Faculty Survey (same as last year)
Specialty-Specific Block Diagram Instructions

Pediatrics Residency Programs

Guide to Construction of a Block Diagram for Pediatrics Residency Programs

Review Committee for Pediatrics

A block diagram is a representation of the rotation schedule for a resident in a given postgraduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year, but does not represent the order in which they occur. There should be only one block diagram for each year of education in the program. The block diagram should not include resident names.

- Create and upload a PDF of the program’s block diagram using the information below as a guide.

- Two common models of the block diagram exist: the first, is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs.

- Regardless of the model used, the block diagram must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram.

- In constructing the block diagram, include the participating site at which a rotation takes place, as well as the name of the rotation. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. The following abbreviations should be used when completing the block diagram:

  - ADOL: Adolescent Medicine
  - NICU: Neonatal Intensive Care Unit
  - AI: Acute Illness
  - PEM: Pediatric Emergency Medicine
  - CM: Community Pediatrics and Child Advocacy
  - PICU: Pediatric Intensive Care Unit
  - DBP: Developmental-Behavioral Pediatrics
  - RS: Required Subspecialty (required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from List 1 in the requirements)
  - SP: Subspecialty Experience (subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from List 1 or 2)
  - TN: Term Neurology
  - VAC: Vacation

  *Identify the choice of subspecialty experiences below the block diagram.

Sample 1:

This is a commonly used example in which the year’s rotations are divided into 12 (presumably one-month) rotations. Rotations may include structured outpatient or research time and electives.

<table>
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<tr>
<th>Block</th>
<th>Site 1</th>
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<th>Site 3</th>
<th>Site 1</th>
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Sample 2:

In this common example, the year’s rotations are divided into 13 (presumably four-week) rotations. Rotations may include structured (outpatient or research) time and electives.

<table>
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<tr>
<th>Block</th>
<th>Site 1</th>
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<tbody>
<tr>
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</table>

Sample Notes:

Four months of required subspecialty experiences may include:

- Pediatric Cardiology
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Pulmonology

Three months of additional subspecialty experiences may include:

- Child and Adolescent Psychiatry
- Pediatric Anesthesiology
- Pediatric Orthopedic Surgery
- Pediatric Radiology
Standard Block Diagram Instructions

Pediatrics Subspecialty Programs

Guide to Construction of a Block Diagram

A block diagram is a representation of the rotation schedule for a resident in a given postgraduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year, it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.

- Create and upload a PDF of your program's block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram. Examples of other less common models are also provided below.
- In constructing the block diagram, include the participating sites in which a rotation takes place, as well as the name of the rotation. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
- Group the rotations by site. For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.
- When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
- Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted.

Sample Block Diagrams

Block Diagram 1 (*)
In this example, the year's rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.

<table>
<thead>
<tr>
<th>Site</th>
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<th>5</th>
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</tbody>
</table>

Block Diagram 2 (*)
In this example, the year's rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.

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<th>Site</th>
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<th>8</th>
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<th>10</th>
<th>11</th>
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<th>13</th>
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</thead>
<tbody>
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</table>

Block Diagram 3 (*)
In this example, the year's rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.

<table>
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<tr>
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</table>

Notes: Possible electives:
- Cardiology Inpatient Site 1
- Cardiology Outpatient Site 2
- Pulmonary Disease Inpatient Site 2
- Pulmonary Disease Outpatient Site 3
- Gastroenterology Inpatient Site 3
- Gastroenterology Outpatient Site 1

Block Diagram 4 (*)
In this example for a subspecialty program, the year's rotations are divided into four equal blocks. Structured research time comprises 40% of the resident's time on the specialty outpatient month. There is one three-month block devoted entirely to research.

<table>
<thead>
<tr>
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</thead>
<tbody>
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<td>% Research</td>
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</table>

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.
Accreditation Site Visits

• March 2020 | Suspension of in-person site visits
• June 2020 | Remote site visits started
• Site visits will be conducted remotely through June 2021
• Programs whose Sponsoring Institution enters Emergency status may request postponement of a site visit
Self-Study/10-Year Site Visit

Self-Studies | on hold
• On hold. If your expected Self-Study date is now, you will not be notified to start it. Will likely be rescheduled to take place 24 months into the future.

10-Year Accreditation Site Visit | mostly on hold
• Except when the Review Committee asks to proceed (e.g., annual review of data has identified program as outlier)
• Contact ACGME Field Activities staff members with questions if you have any questions.
New Congress Related to Opioid Epidemic

• Virtual Congress on Preparing Residents and Fellows to Manage Pain and Addiction to be held March 30-31, 2021

• Goals are to identify strategies to effectively prepare physicians to confront the challenges of the opioid epidemic, and to reach consensus on the curriculum and experience needed for residents/fellows to acquire the skills and competencies to effectively recognize and treat addiction relevant to their specialty

• Review Committee for Pediatrics and the pediatrics community will be represented at this Congress
ACGME Award Nominations

• Congratulations to Jodi Leonard, C-TAGME; Oregon Health & Science University Pediatrics Program; Portland, Oregon; recipient of the Debra L. Dooley GME Program Coordinator Excellence Award!

• Now accepting nominations for outstanding DIOs, program directors, coordinators, GME staff members, or residents/fellows for 2022 ACGME Awards.

• Visit the Awards page on the ACGME website for additional information and to download applications.

• Nominations are due by:

  Wednesday, March 24, 2021, 5:00 p.m. (Central)
Milestones 2.0

- Development of the new Pediatrics Milestones is progressing
- Posted for review and comment late fall/early winter
- Pediatric subspecialty Milestones to be reviewed after the Pediatrics Milestones are completed
- Supplemental Guide
- Resources are available on the Milestones web page and Learn at ACGME
- Email milestones@acgme.org with any questions or concerns
Milestone Assessment Resources

• Milestones 2.0
• Supplemental Guide (PDF and Word versions)
• Assessment Guidebook
• Milestones Implementation Guidebook
• Milestones Guidebook for Residents and Fellows
• Presentation and Guide Sheet
• Clinical Competency Committee Guidebook

milestones@acgme.org
Milestone Assessment Resources cont.

• Direct Observation of Clinical Care (DOCC) App
  • Tool for evaluators to do on-the-spot direct observation assessments
  • Five activities | performing a history and physical exam; effective clinical reasoning; informed decision making; breaking bad news; and safe hand-offs
Milestone Assessment
Resources cont.

• Teamwork Effectiveness Assessment Module (TEAM)
  • Means for collecting multisource feedback on residents' and fellows' professionalism, interpersonal and communication skills, and competence in interprofessional teamwork and aspects of systems-based practice
  • Originally created by the American Board of Internal Medicine (ABIM) as a CME tool; it was adapted by the ACGME for use by residents/fellows
Learn at ACGME offers:
• Interactive Courses
• Video Presentations
• Discussion Forums
• On-Demand Webcasts
• Toolkits and Assessments

Topics include:
• Best Practices for the ADS Annual Update
• Diversity, Equity, and Inclusion
• Evaluation and Assessment
• Faculty Development
• Physician Well-Being
• Many more…
Distance Learning
www.acgme.org/distancelearning

Visit the portal at https://acgme.org/distancelearning
or scan the QR code using your mobile phone.

Have a question or need assistance?
Contact desupport@acgme.org
Program Resources
www.acgme.org

- Accreditation Data System | ADS Public Site
- ACGME Policies and Procedures
- Clinical Competency Committee (CCC) Guidebook
- Milestones Guidebook | Milestones FAQs
- How to Complete an Application
- Institutional Requirements
- Sample Program Letter of Agreement (PLA)
- FAQs for New Programs

- Program Directors’ Guide to the Common Program Requirements
- ACGME Glossary of Terms
- Common Program Requirements FAQs
- Key to Standard Letter of Notification
- Site Visit Information (e.g., types of visits, Site Visit FAQ, remote site visit FAQs, listing of accreditation field representatives)
Program Resources cont.

Pediatrics web pages
- Complement increase policy
- Program Requirements, FAQ documents, and application forms
- Guide to Construction of a Block Diagram
- Milestones
- Presentations

Weekly e-Communication
- Contains general GME information, accreditation-related updates, announcements regarding Program Requirements, updates from the Review Committee on ACGME issues/initiatives, etc.
ACGME Contacts

Technical questions related to:

- ADS

Data Systems Technical Support

Accreditation Data System (ADS), Resident Case Log System
E-mail: ADS@acgme.org or contact your ADS representative in the table below.

Resident Survey
E-mail: ressurvey@acgme.org

Faculty Survey
E-mail: facsurvey@acgme.org

For best response time, please send all questions by e-mail. This allows support staff to properly address and prioritize all issues.

ADS Team
Lauren Criste [Pediatrics] 312.755.7449 | lcriste@acgme.org
ADS General | ADS@acgme.org
ACGME Contacts

Questions related to:
- Accreditation Site Visits
- Self-Studies

Accreditation Field Activities
Fieldrepresentatives@acgme.org
For a complete listing of the Accreditation Field Representatives, visit the Accreditation Field Representatives Listing page.

Field Activities
Linda Andrews, MD | landrews@acgme.org
Andrea Chow | achow@acgme.org
Penny Iverson-Lawrence | pil@acgme.org

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ACGME Contacts

Questions related to:

- Requirements
- Letters of Notification (LONs)

General (non-specialty-specific) questions:

accreditation@acgme.org
# Upcoming Review Committee Meeting Dates

<table>
<thead>
<tr>
<th>Meeting Dates:</th>
<th>Agenda Closes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 19-20, 2021</td>
<td>February 19, 2021</td>
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<tr>
<td>September 30-October 1, 2021</td>
<td>July 30, 2021</td>
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<tr>
<td>January 24-26, 2022</td>
<td>November 23, 2021</td>
</tr>
<tr>
<td>April 11-12, 2022</td>
<td>February 11, 2022</td>
</tr>
<tr>
<td>September 12-13, 2022</td>
<td>July 12, 2022</td>
</tr>
</tbody>
</table>

#ACGME2021
Thank you